



City of Stafford
Application for Registration
Construction In Right-of-Way

Name of Applicant _____

If Company, Name of Representative _____

Title of Representative _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell Phone _____

Fax Number _____

Contact Individual _____

Street Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell Phone _____

Fax Number _____

Liability Insurance _____

Policy Number _____

Signature _____

Date _____